Acity of lbuquerque



Supplemental form **SUBDIVISION** S Ζ **ZONING & PLANNING** __ Annexation Major Subdivision action Minor Subdivision action County Submittal Vacation **EPC Submittal** Variance (Non-Zoning) Zone Map Amendment (Establish or Change Zoning) Sector Plan (Phase I, II, III) SITE DEVELOPMENT PLAN P Amendment to Sector, Area, Facility or for Subdivision Purposes Comprehensive Plan Text Amendment (Zoning Code/Sub Regs) for Building Permit IP Master Development Plan Street Name Change (Local & Collector) APPEAL / PROTEST of... Cert. of Appropriateness (LUCC) Decision by: DRB, EPC, LUCC, Planning Director or Staff, STORM DRAINAGE D ZHE, Zoning Board of Appeals Storm Drainage Cost Allocation Plan PRINT OR TYPE IN BLACK INK ONLY. The applicant or agent must submit the completed application in person to the Planning Department Development Services Center, 600 2nd Street NW, Albuquerque, NM 87102. Fees must be paid at the time of application. Refer to supplemental forms for submittal requirements. APPLICANT INFORMATION: NAME: PHONE: ADDRESS:_____ FAX: _____ STATE ____ ZIP____ E-MAIL:____ Proprietary interest in site: _____ _____ List <u>all</u> owners: ____ _____ PHONE: _____ AGENT (if any): __ __ FAX: ____ ADDRESS: _____ STATE ____ ZIP_____ E-MAIL:__ DESCRIPTION OF REQUEST: Is the applicant seeking incentives pursuant to the Family Housing Development Program? ____ Yes. ____ No. SITE INFORMATION: ACCURACY OF THE LEGAL DESCRIPTION IS CRUCIAL! ATTACH A SEPARATE SHEET IF NECESSARY. ______ Block:_____ Unit:_____ Lot or Tract No. Subdiv. / Addn. ___ Proposed zoning: Current Zoning:____ No. of existing lots: _____ No. of proposed lots: ____ Zone Atlas page(s): _____ Total area of site (acres): _____ Density if applicable: dwellings per gross acre: _____ dwellings per net acre: ____ Within city limits? ___Yes. No___, but site is within 5 miles of the city limits.) Within 1000FT of a landfill? ____ _____ MRGCD Map No._____ UPC No.___ LOCATION OF PROPERTY BY STREETS: On or Near: __ ____ and ___ Between: CASE HISTORY: List any current or prior case number that may be relevant to your application (Proj., App., DRB-, AX_,Z_, V_, S_, etc.): Check-off if project was previously reviewed by Sketch Plat/Plan?, or Pre-application Review Team?. Date of review: SIGNATURE __ DATE __ (Print) __ ___ Applicant ___ Agent FOR OFFICIAL USE ONLY Form revised 4/04 ☐ INTERNAL ROUTING Application case numbers Action S.F. Fees All checklists are complete All fees have been collected All case #s are assigned П AGIS copy has been sent Case history #s are listed Site is within 1000ft of a landfill F.H.D.P. density bonus Total ☐ F.H.D.P. fee rebate Hearing date ____

Project #